

SAO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of

FILED
CLERK'S OFFICE
2004 FEB -3 P 12:21

JOCELYN GEORGES

V.

SUMMONS IN A CIVIL CASE
DISTRICT COURT
DISTRICT OF MASS.

PARTNERS HEALTHCARE SYSTEM, INC.
A/K/A

MASSACHUSETTS GENERAL HOSPITAL CASE NUMBER:

03 12553 REK

TO: (Name and address of Defendant)

Partners HealthCare System, Inc.
a/k/a Massachusetts General Hospital
75 Francis Street
Boston, Massachusetts

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John D. Corrigan
O'Malley and Harvey, LLP
Two Oliver Street, 9th Floor
Boston, Massachusetts 02109-4908

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK



12-19-05

(By) DEPUTY CLERK



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

January 30, 2004

I hereby certify and return that on 1/28/2004 at 11:00:00 AM I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to J. Abrams, Attorney, agent, person in charge at the time of service for Partners Healthcare System, Inc. a/k/a, at , Mass General Hospital, 50 Staniford Street Boston, MA. Basic Service Fee (IH) (\$35.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff Edward J. Tobin

Edward J. Tobin
Deputy Sheriff

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Address of Server

Signature of Server

Date

Executed on

DECLARATION OF SERVER

TRAVEL

SERVICES

TOTAL

STATEMENT OF SERVICE FEES

☐ Other (specify):☐ Returned unexecuted:

Name of person with whom the summons and complaint were left:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

☐ Served personally upon the defendant. Place where served:

Check one box below to indicate appropriate method of service

NAME OF SERVER (PRINT)

TITLE

Service of the Summons and complaint was made by me(")

DATE

RETURN OF SERVICE

098000150